REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application No.	10/664,442
Filing Date	9/19/2003
Patent/Registration No.	7241318
Grant Date	7/10/2007
Inventor/Owner	Create Co., Ltd.
Attorney Docket No.	C019-P08137US

To: Commissioner for Patents P.O. Box 1450								
	Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and								
	all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
X	the attorn	neys/agents associ	ated with Customer	Number:	33356			
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are:								
	.40(b)(1)	10.40(b)(2)	10.40(b)(3)		The practitioner is discharged by the client.			
☐ 10.	40(c)(1)(i)	] 10.40(c)(1)(ii)	10.40(c)(1)(iii)	10.40(c)(1)				
□ 10.	40(c)(1)(v)	10.40(c)(1)(vi)	10.40(c)(2)	10.40(c)(3)	· <i>'</i>			
<u> </u>	40(c)(4)	] 10.40(c)(5)	10.40(c)(6)					
Certifications								
Check each	box below that is j	factually correct. WA	RNING: If a box is left t	ınchecked, the req	uest will likely not be approved.			
		easonable notice to	the client, prior to the	expiration of the	response period, that the practitioner(s) intend to			
withdraw f	rom employment.				F. A			
2. X I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.								
3. 🗵 I/We have notified the client of any responses that may be due and the time frame within which the client must respond.								
Please provide an explanation, if necessary:								
····	<del></del>		CORRESPONDE		5			
_	1. The correspondence address is NOT affected by this withdrawal.							
2. <b> X</b>	Change the correspondence and address and direct all future correspondence to:							
The address associated with Customer Number: 24335								
OR								
	idividual Name	-						
Address City	<del></del>		State		Zip			
Country			State		Ζίρ			
Telephone				Email				
I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature /Douglas N. Larson/								
Name	Douglas N. Larson			Registration No.	29401			
Date December 2, 2008				Telephone No.	805-230-1350			
NOTE: Withdrawal is effective when approved rather that when received. Unless there are 30 days between approval of withdrawal and the expiration								
date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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